VERMONT
AGENCY OF HUMAN SERVICES

Department for Children and Families
Child Development Division
103 South Main Street
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CHILDREN'S INTEGRATED SERVICES
2010 REQUEST FOR PROPOSALS
QUESTION and ANSWERS

The Child Development Division (CDD) will be issuing a Request for Proposals (RFP) for the provision of, at a minimum, all components of Children's Integrated Services (CIS) – Nursing and Family Support, Early Intervention, and Early Childhood and Family Mental Health, including Specialized Child Care. The RFP is scheduled for release during the first week of July, 2010, with a start date for new grant agreements of October 1, 2010. As the RFP development process continues, we anticipate questions and comments from those providing these services in the community. We will post written questions, with answers, and any written comments on the CIS website weekly. Please send your questions and comments to Karen Garbarino, CIS Director, at karen.garbarino@ahs.state.vt.us

QUESTIONS FROM REGIONS ABOUT FUNDING, ADMINISTRATION, THE FEDERAL DEPARTMENT OF EDUCATION AND MEDICAID REQUIREMENTS

Q: I have a clarifying question about something that came up on yesterday's conference call. Another caller asked for clarification about what was included in "specialized childcare services," and you said that it is Protective Services, Family Support, and Children with Special Health Needs. I was hoping you could say more specifically what services CDD includes (i.e. eligibility determination, consultation support, professional development, basic specialized care training, etc). In our region these functions are done as parts of several people's jobs (for example, all of our subsidy specialists do eligibility determination for CSHN), so in our region it is a little trickier to figure out what is included just from the general category of "Specialized Childcare Services."

> **A:** We are in the process of determining which child care specialist functions we want to include in our RFP. We know that eligibility determination will be moving to Economic Services as part of modernization, so that function will obviously not be included. Once we are clear on the functions, we'll be looking to prioritize those that remain, and use that information to help us figure out which ones we can still afford to "buy" with our CIS/CDD dollars. Your thoughts on this, in terms of how to prioritize the child care specialists functions, would be appreciated.

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Q: I was curious and would like more information on your answer to Destiny's question yesterday regarding providing direct services to non Medicaid eligible families? How long in duration could we work with folks who say have Blue Cross for example and need ECFMH Services for example or HBKF. If so could you explain? Also the way the funding structure is now for the HBKF pilot, we only get reimbursed for one monthly HBKF visit in reality some folks may need additional prevention visits. In the new specifications will we be reimbursed more than once a month for prevention HBKF CIS visits? If so could you explain? Thanks for your time and the opportunity to ask!

> **A:** Let me answer your questions as best as I can for now. The vision behind CIS is that children and families get the services they need (which may not be all the services they want) for as long as the need exists. We are trying to create a payment structure that will foster that. We think we have it figured out at the state level, but need to figure it out at the local level. One option is a predetermined amount of money that goes to an organization to ensure appropriate CIS services are provided. This is basically the model used for the pilots. We would expect services to be provided using best practices, which as you say, may mean more service for one family than for another. In order to make this work, the CIS teams will need to be strategic about how they use their funding so they can provide the right level of service to as many children and families as possible. This is where we are looking for new ideas for service delivery, and why it will be important to collect data to demonstrate the effectiveness (or not) of the services provided.

Q: Our Washington County CIS team has met with our partner agencies regarding the Integrated Services RFP.
The CIS team and our partners are concerned that if the rates are bundled in, it may severely limit the access that families have to services for their children. How will these children receive their needed services outside the CIS bundled package?

> **A:** We are spending a lot of time on developing a payment structure that will ensure continued access to services for families while affording more flexibility at the local level to provide the services a family needs. If we do this right, access should not be negatively impacted, and in fact, more families should be able to get the services they need. If a child needs more intensive services that can't be billed to insurance (Medicaid or private), then we are considering some type of "high risk pool" that service providers could tap into if necessary. Let me know what you think about that.

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Q: I, along with others in both districts of the NEK, are in need of a tutorial on the funding formula. Perhaps when you visit some time can be spent on explaining it to us. On the surface though I see that Essex county is designated in its entirety to the Newport district and not split in half therefore the total population per cent for both districts is off. There are other issues as to which towns are covered by each district, such as Hardwick which is in Caledonia county but covered by Lamoille and there are others. And of course it is more complicated when you look at what towns other providers serve such as the VNAs. You are probably aware of all this but we are interested in the logic behind the decisions in determining the formula.

Another area of concern on the budget is that funds for nursing services in the Newport budget were under spent because our VNA couldn't find nurses requiring us to restrict referrals. Now that we have a new system in place we want to be sure there are enough funds to cover an increased caseload. Hopefully the budget piece of the RFP will include accurate estimates of need that will be considered in determining the district's budget.

> **A:** The document you are referring to is a draft, so we continue to refine our numbers. One thing we have done is correctly determine the AHS regional populations through data from VDH. So the next iteration will have the correct population figures. Your other question, about how to reconcile the AHS regions with provider service areas, is one we won't resolve. We had to make a decision about how to allocate funding, and the AHS regions seemed to make the most sense. We will be asking that proposals assure that all services will be provided within that region – who does that is up to the regions to decide, not us. So it may mean some service providers need to rethink where they provide services.
>
> As far as nursing services, we looked at FY08 caseloads for CIS to help determine the regional allocations. The grant will be for an October 1, 2010 – June 30, 2012 budget period, at which point we will have more information on utilization, etc. If we see that we significantly over or underestimated the allocation, we have good data to recalculate for the next budget cycle.

Q. How will Medicaid billing after ARRA ends affect allocations?

> **A.** We will be basing our allocations on our state FY11 budget as passed. Future allocations will be based on the appropriated budget given to us by the legislature.

Q. Are the payment options for drawing down the funds for the RFP a bundled rate, a modified fee for service, a case rate, or other?

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A. Right now, we are looking at a bundled rate scenario.

Q. If the services go over budget, what will happen?

A. Grantees will be expected to manage to their budget. However, we are looking at several possible options should this situation occur. One is to have the flexibility to move funds within regions without any future funding consequences. Another is to set aside some funds in a reserve pool that regions could access if necessary. In either case, we would want to work with the region to better determine why the budget was exceeded.

Q. If the bundled rate is $200. per family per month, what is included in that bundle?

A. We are currently working on that, but it will include all CIS services.

Q. Is it possible to bill for additional services beyond what is included in the bundle for high-needs families outside of FITP families? What about families with multiple children and multiple challenges?

A. The bundled rate will likely be based on the services provided to a family based on the needs of the pregnant/postpartum mom, child or children. The funding that would be available for high needs families would be the "pool" referred to above.

Q. If the one proposal from each region doesn't please the CDD reviewers, what happens?

A. We expect to work closely with regions to ensure this doesn't happen.

Q. Will Prior Authorization's be eliminated?

A. For any services provide within the bundled rate, PAs will not be needed. For other services, probably yes.

Q. How will the outcomes be developed and how will each grantee be held responsible for the outcomes?

A. The CIS state team is working on outcomes, and we are looking for suggestions from our partners. The outcomes will be clearly stated in the grant

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agreements, and grantees will be expected to achieve them. Future funding will be based on achieving outcomes.

Q. Nursing services could be offered by various agencies?

A. We will state the professional qualifications and standards in the RFP. We will want assurance that all services will be provided only by those who meet the qualifications and standards.

Q. The database being developed will work with existing databases that are Medicaid-compliant?

A. Yes.

Q. How are the CIS forms being tested to make sure they work for community partners?

A. The revised CIS forms will be released to CIS teams within the next couple of weeks. We will use the month of April to gather feedback from local teams on the forms, and then make any final changes as needed. The final versions will be included in the RFP, and their use will be required in the new grant agreements.

Q. How is the RFP being vetted?

A. There will be an extensive internal and external review process. Our goal is to have an initial draft of the services we want to buy to send out to partners for comment by mid-April

Q. Is there a waiver from Medicaid approving the use of Medicaid funds to serve non-Medicaid families if access to CIS/HB services is opened up?

A. Yes. The Global Commitment waiver already allows us that flexibility, within certain parameters.

Q. Will contracted agencies be held harmless if sub-grantees violate Medicaid regulations?

A. That's a question we'll have to ask our legal counsel to address.

Q. Is there permission from the feds to change HBKF rules?

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A. There are no federal rules defining the Nursing and Family Support services – it's a state program.

Q. How will 'one plan' work to ensure compliance with FITP, HBKF, and ECMH regulations?

A. We are spending a considerable amount of time on revising the One Plan and will ensure that it meets any applicable regulations.